

California Children's Services Program and the Genetically Handicapped Persons Program Low Protein Therapeutic Foods (LPTF) Processing and Authorization Manual

Revised 2023

California Children's Services (CCS) Program and the Genetically Handicapped Persons Program (GHPP) Low Protein Therapeutic Foods (LPTF) Processing & Authorization Manual

Purpose:

To clarify and synchronize the existing Low Protein Therapeutic Foods (LPTF) Ordering & Authorization Process to better serve the CCS and GHPP clients.

FDA Definition: Medical Foods

"A food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." as defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3))

CCS/GHPP Benefit:

For the CCS Program and GHPP, "Medical Foods" have traditionally referred to products that are specially formulated for the treatment of certain inborn errors of metabolism and are purchased from vendors who specialize in the distribution of low-protein foods. Due to the extended meaning of "Medical Foods" by the Food and Drug Administration (FDA) and Medi-Cal, the CCS Program and GHPP will now refer to these foods as Low-Protein Therapeutic Foods (LPTF).

LPTF are a benefit of the CCS Program and GHPP when the medical necessity is established for clients who have metabolic disorders; CCS and GHPP will authorize LPTF. LPTF are NOT a benefit of the Medi-Cal Program. Therefore, Medi-Cal for Kids & Teens, formerly known as, Early and Periodic Screening, Diagnostic, and Treatment pays for LPTF for CCS clients who are full scope, no share of cost Medi-Cal members. CCS-only clients are paid from a combination of State and county funds. GHPP pays for LPTF for GHPP clients. Currently, only pharmacies can order LPTF and claim reimbursement within the Medi-Cal billing system.

Important Note:

LPTF require a prescription from a physician, and are **NOT** readily available in supermarkets, grocery stores, box stores, etc. Food items naturally low in protein are

not LPTF, because LPTF are specially formulated to treat and manage Inborn Errors of Metabolism (IEM). Therefore, LPTF are not for everyone, and should not be shared with anyone else.

Items such as food scales, recipe books, gift baskets of any kind, including low protein food gift baskets, regular candy, gum, food commonly found in a grocery store, supermarket, box stores are not a CCS/GHPP LPTF benefit.

Low Protein Therapeutic Foods (LPTF) Authorization Process



**LPTF-ROF: Low Protein Therapeutic Food Request and Order Form*

Online (Internet) LPTF Ordering

The Integrated Systems of Care Division (ISCD) utilizes seven LPTF vendors in the United States (See list in Appendix 2). All LPTF vendors have websites and will fill and ship orders using an online ordering process. The LPTF ordering model utilizes direct online ordering from the LPTF vendor webpage.

Typically, orders are made every three to six months and usually involve an order of 20-30 foods from 3-4 different LPTF vendors. By using online ordering and having the vendor ship directly to the family, LPTF are delivered quickly and unnecessary double shipping by the local pharmacy is avoided. The LPTF vendor is directly responsible for the quality and delivery of the shipped products (dry and frozen). Additionally, the online ordering process creates a virtual store of an extensive variety of LPTF. This improves family access to LPTF and assists with enhancing patient satisfaction and compliance.

Roles and Responsibilities

Special Care Center (SCC) Registered Dietitian (RD):

SCC RD clinically manages the metabolic patient with the SCC physician. The SCC RD must be CCS paneled. The SCC RD develops LPTF order that is individualized according to the child and family needs. Most LPTF orders are for six month amounts and usually do not change much from one six-month order to the next. The SCC RD is responsible for:

- ☐ Completing Low Protein Therapeutic Food Request and Order Form (LPTF-ROF), an Excel formatted spreadsheet, by going to the LPTF vendor website and copying the item information and unit pricing from the webpage to the LPTF - ROF. RD also verifies correct patient information, "Ship to Address", patient contact information, and obtains prescription signature from the ordering physician.
- ☐ Developing LPTF orders in three- or six-month allotments. No individual products can be intermittently ordered unless the product was out of stock initially and the item is determined to be "CRITICAL" for clinical management of the metabolic condition.
- ☐ Reviewing the LPTF vendor websites for updates and changes and develops the order with consideration of the "minimum dollar" order requirements to ensure cost-efficient shipping. Frequency & Maximum Dollar Amount of Orders are:
 - 3-month cycle: \$1500.00
 - 6-month cycle: \$3,000.00
 - Maximum for the year: \$6,000.00

- **NOTE:** Dollar amount indicated above should not be taken as a “must spend” maximum dollar amount.
- While ensuring that clients receive an adequate amount of food to meet their nutritional needs, it is SCC RD’s responsibility to ensure no item beyond the client’s need is ordered.
- CCS RDs reviewing the order should collaborate with the ordering SCC RD to avoid waste.
- ❑ Emailing (using encryption software) the completed LPTF-ROF to the client’s CCS Independent County or State CCS Office (for clients in Dependent Counties) and to the ordering pharmacy.
- ❑ Faxing or electronic copy of the physician signed prescription or signed LPTF-ROF, which serves as a prescription to pharmacy for documentation.
- ❑ Gathering required SCC reports for “new” and “continuing” authorizations which are reviewed by CCS and GHPP case management. The following reports/documents are gathered by the SCC RD and sent to the county CCS Program or GHPP:
 1. Written prescription by CCS paneled physician/GHPP authorized physician (May use LPTF-ROF as a prescription if prescriber signs and dates it.)
 2. Current SCC medical history and evaluation by the SCC medical consultant which identifies the medical condition and is dated within the last six months of the order.
 3. Current SCC nutrition assessment and treatment plan by the CCS paneled or GHPP authorized RD.
- ❑ Maintains communication with ordering pharmacy regarding completed orders and verifies that the family received ordered products.

CCS – Local County Program

For CCS clients residing in a WCM county, consult your Managed Care Health Plan for LPTF policy and authorizations.

- ❑ Primary Role- Case manages client services.
- ❑ Upon receipt of LPTF request, prescription, current RD & physician reports, county CCS Program must:
 1. Ensures all products are allowable
 - If there are items on the original LPTF-ROF that cannot be ordered, such as non-benefit items, CCS county informs the pharmacy and RD to remove the item from the LPTF-ROF. Once the item is removed, a revised LPTF-ROF is resubmitted to the CCS county.
 2. Enters pending SAR with the following:
 - A. 91 prefix SAR for those who have Medi-Cal full-scope, no-share-of - cost.
 - B. 97 prefix SAR for straight CCS
(Do not add LPTF-ROF to SAR.)
 - C. 99 prefix SAR for GHPP
 - D. LPTF HCPCS Service code S9435

E. Units box value is "1"

F. Category to choose is "Medical Foods"

3. Review for appropriateness of the RD's request and then emails the pending SAR number with "provisional" approval and a confirmation note verifying date and receipt of current RD & physician reports (< 6 months old), and provisional approval to the RD and ordering pharmacy. Note: Communications between RD and ordering pharmacy (on availability of requested products) shall be completed prior to CCS review of LPTF request.

- ❑ Once the ordering pharmacy orders the requested products, county CCS Program sends "Approved" (based on the actual order by the pharmacy) SAR to the following:

1. Pharmacy
2. Requesting SCC RD
3. Family – so they have a list of "Approved" foods

- ❑ Follows county process for completed SARs

1. Completes case notes for the final authorization and includes a copy of the final SAR and LPTF-ROF in the client's medical record.
2. Copy and paste the units of items and the dollar amount from the peach-colored section of LPTF-ROF from each vendor in the special instructions of the approved SAR. One line billing statement of the total units and total amount claimed should be noted. For example:

3	UNIT(S)	-CBF-	10411-PORTABELLA SPINACH RAVIOLI-453G PKG	\$91.08	
5	UNIT(S)	-CBF-	10406-PASTA DUETS-MACARONI AND CHEESE-198.4G PKG	\$70.81	
4	UNIT(S)	-PKUP-	KMAA1332D-SO DELICIOUS COCONUT MILK CHOCOLATE BEVERAGE GRAB N' GO-8OZ		\$82.50
4	UNIT(S)	-PKUP-	KMAA14844-GRAHAM STYLE CRUMBS-300G BOX	\$44.75	
5	UNIT(S)	-PKUP-	KMAA1020B-G WASHINGTON'S GOLDEN SEASONING & BROTH-1.1OZ BOX		\$37.19
3	UNIT(S)	-PKUP-	KMAA1093-EL NACHO GRANDE CHEESE SAUCE 8 PORTION PACKS-3.5OZ PKS		\$59.81
3	UNIT(S)	-PKUP-	KMAA1474CSA-CHAO CHEESE SLICES CREAMY ORIGINAL-7OZ PKG	\$26.06	
1	UNIT(S)	-PKUP-	KMAA1345CSC-SO DELICIOUS COCONUT MILK RASPBERRY YOGURT-5.3OZ CUPS		\$23.13
28	IS TOTAL UNITS CLAIMED		TOTAL REIMBURSABLE AMOUNT CLAIMED FOR MEDICAL FOODS IS		\$435.33

3. Fill in the units and negotiated price in the service code information section of the SAR – no \$ signs.

Genetically Handicapped Persons Program (GHPP)

<http://www.dhcs.ca.gov/services/ghpp/Pages/default.aspx>

GHPP is a statewide health care/case management program for adults with specific genetic disorders (this includes metabolic disorders). LPTF requests are received from GHPP approved SCC. Upon receipt of LPTF request, prescription, current RD & physician reports, the requests are reviewed and authorized by GHPP.

CCS/GHPP Pharmacy Provider:

- ☐ Must be a Medi-Cal provider in good standing in order to submit claims to Medi-Cal Program's fiscal intermediary.
- ☐ Must have the ability to open accounts with up to seven LPTF Vendors. The actual vendor accounts will depend on the foods requested and ordered by the SCC RD. Pharmacies must first establish payment accounts with the LPTF vendors. Once a pharmacy has an open account, they can order LPTF and arrange shipment directly to the family.
- ☐ Receive completed LPTF-ROF from SCC RD.
Note: Communications between RD and ordering pharmacy (on availability of requested products) shall be completed prior to CCS/GHPP review of LPTF request.
- ☐ Once the pharmacy receives the “provisional” approval, the pharmacist orders products from the vendor's website and arranges shipment directly to family address, verifies shipping address and delivery date (frozen product requires exact date). Pharmacy is to ensure that all products ordered are currently available. Back orders are not allowed. If products are not available, the pharmacy is to contact the SCC RD to finalize the order before making any changes. It is the responsibility of the SCC RD to make substitutions to the order.
- ☐ Complete LPTF-ROF based on actual items ordered and records the ordered quantity amounts on the “third” column in the foods section of LPTF-ROF and emails the “completed” request form back to the ordering SCC RD and, CCS County or GHPP.

NOTE: In the event <75% of the original order is available to be shipped, the pharmacy should consult with the RD and with the RD's approval, place the order. This may necessitate a secondary order after the RD consults the client. A secondary order may be placed within 2 weeks of the first order for alternative products for the unavailable items. A secondary SAR request and provisional approved SAR should indicate the reason for the secondary order request. Maximum dollar amount per order cycle does not change (both the first order and secondary order must be within the dollar limits of the order cycle).

- ☐ If the pharmacy does not receive an "Approved" SAR within 3 business days of the email notification of approval, please contact the county CCS program office or ISCD office (for dependent counties) to inquire about the status.
- ☐ Communicates back to SCC RD if order was shorted (unavailable product or insufficient quantity).
- ☐ Verifies family receipt of product.
- ☐ Completes and submits claim forms with attached "Approved" SAR to Medi-Cal Program's fiscal intermediary.

Potential Ordering Problems

1. LPTF vendors are out of inventory or cannot ship the requested amount of a product
Answer: The pharmacy DOES NOT order the product and contacts the requesting RD about the omission. Strike out this item on the pended SAR after the provisional approval, in the “Special Instructions” section and do not include the item on your claim. The RD will determine how critical the food item is to the patient’s clinical management. If CRITICAL, the RD can initiate a secondary new order and a new SAR will be started.
2. The LPTF item (on the Excel request and order form) does not match vendor’s product code, cost or the description on the website.
Answer: Similarly named products are available from different vendors. It is the responsibility of the SCC RD to identify the exact vendors, the exact product description with the correct product code and pricing. Product codes also will vary for the same product according to the packaging, single box vs. case packaging. This information is transferred onto the LPTF-ROF by a “copy and paste” function into the text field of the desired section/cell according to vendor’s section. If prices do not match the “Approved” SAR or the SCC RD request form, do not order and contact the SCC RD.
3. Family complains about an incomplete order.
Answer: Order all items from different vendors at the same time so food shipments are received simultaneously. When reviewing the LPTF-ROF, make sure to scroll all the way through the form to catch all requested products from various LPTF vendors.
4. Frozen foods are delivered thawed and in poor condition.
Answer: Frozen foods are usually shipped on a set day of the week and require delivery address verification. Ensure the family is available to receive delivery on the particular day. The SCC RD may help to coordinate with the family.
5. Large food order that is higher than usual.
Answer: Orders over \$3,000/ 6 months (or \$1,500/3 months) will be reviewed for medical necessity, which may delay the process.
6. Extra shipping charges are added to the order.
Answer: Some LPTF vendors require a minimum purchase amount of product in order to ship both frozen and dry goods at economical rates. The SCC RD should verify minimum dollar amounts on the LPTF vendor’s website and order the minimum amount or more of dry and frozen foods.

Please Remember:

- ☐ No split orders
- ☐ No partial orders
- ☐ No out-of-stock orders
- ☐ Orders must comply with minimum shipping amounts
- ☐ Verify client availability to receive frozen products by working with the SCC RD regarding the expected delivery date.

Low Protein Therapeutic Foods Request and Order Form (LPTF-ROF)

The LPTF-ROF is an Excel spreadsheet that calculates a mark-up for each requested product. This is the Total Cost + % Markup column which is the “5th” column from the left of the order form. The top of the LPTF-ROF lists the necessary family, pharmacy, SCC information which is needed for case management and billing. This form provides hyperlinks to the seven LPTF vendors and separate lines to list requested products with the corresponding description and unit cost. The SCC RD should use the “copy” and “paste” function when transferring information from the LPTF vendor’s webpage to the request and order form (into the text field of the cell you want the text to appear). For subsequent requests, the SCC RD can use the “save as” function to save this form in their computer so it can be re- used.

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		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
		Unit(s) -N/LP-		\$0.00	\$0.00	\$0.00
PKU PERSPECTIVES (PKUP)		http://www.pkuperspectives.com/				
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
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		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
		Unit(s) -PKUP-		\$0.00	\$0.00	\$0.00
TASTE CONNECTIONS (TC)		http://www.tasteconnections.com/				
		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
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		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
		Unit(s) -TC-		\$0.00	\$0.00	\$0.00
	RD TOTAL	is TOTAL			TOTALS	
0	UNITS	UNITS			THIS	
	REQUESTED	CLAIMED	TOTAL REIMBURSABLE AMOUNT CLAIMED FOR MEDICAL FOODS is	\$0.00	ORDER	\$0.00
<p>INCLUDE WITH THIS FORM AND DATED WITHIN THE LAST 6 MONTHS:</p> <p>1. A written prescription signed by a CCS paneled or GHPP authorized physician. Physician signature below constitutes a legal prescription.</p> <p>2. Nutrition assessment and treatment plan by a CCS paneled or GHPP authorized Registered Dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods.</p> <p>3. Medical history and center evaluation which includes diagnosis, medical condition, and documentation of low protein therapeutic food necessity.</p>						
Physician Signature Box				Signature Date		
CA Lic #:	Physician Name (Print):		Telephone#:	NP#:		

Claim Procedure

The pharmacist is responsible for “paper” billing the approved LPTF using the CMS 1500 Claim Form. For the one claim line processing:

1. Use the number total for “PHY Actual Order QTY” (Column 3) when completing the CMS 1500 Claim units section (Field 24 G)
2. Use the cost figure in the “Total Cost + % Markup” (Column 5) when completing the CMS 1500 Claim charges section (Field 24 F). Typed claims are preferred, otherwise print clearly and stay within each individual box. See Appendix 1 for detailed and specific instructions for accurately completing claim forms. Additional Medi-Cal billing tips for paper claims can be found at: [Medi-Cal: Billing Tips: Paper Claims](#)
3. Attach the “Approved” SAR to Each Claim Form-The entire “Approved” SAR (approximately 3-4 pages) must be attached to each claim form.

CMS 1500 Claim Form (HCFA-1500 Claim Form)

Correct completion of the claim form is critical for prompt and accurate reimbursement from Medi-Cal Program’s fiscal intermediary. See detailed instructions for completing the Claim 1500 form: [CMS-1500 Tips for Billing \(cms tips\) \(ca.gov\)](#)

Using the Medi-Cal Program’s fiscal intermediary mailing envelope to mail claims; this will speed up the processing. Call Medi-Cal Program’s fiscal intermediary Help Desk (1-800-541-5555) to request free envelopes.

PLEASE
DO NOT
TAPLE
IN THIS
AREA

APPROVED OMB-0938-0008

PICA										PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street)										7. INSURED'S ADDRESS (No., Street)									
CITY					STATE					CITY					STATE				
ZIP CODE					TELEPHONE (Include Area Code)					ZIP CODE					TELEPHONE (INCLUDE AREA CODE)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>										b. EMPLOYER'S NAME OR SCHOOL NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.									
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____ DATE _____</p>																			
14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR <input type="checkbox"/> INJURY (Accident) OR <input type="checkbox"/> PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY									
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										17a. I.D. NUMBER OF REFERRING PHYSICIAN									
19. RESERVED FOR LOCAL USE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES									
1. _____										22. MEDICAID RESUBMISSION CODE _____ ORIGINAL REF. NO. _____									
2. _____										23. PRIOR AUTHORIZATION NUMBER _____									
24. A. DATE(S) OF SERVICE. From MM DD YY To MM DD YY										B. PLACE OF SERVICE									
C. TYPE OF SERVICE										D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER									
E. DIAGNOSIS CODE										F. \$ CHARGES									
G. DAYS OR UNITS										H. EPSDT Family Plan									
I. EMG										J. COB									
K. RESERVED FOR LOCAL USE																			
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$									
29. AMOUNT PAID \$										30. BALANCE DUE \$									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)									
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #																			
SIGNED _____ DATE _____										PIN# _____ GRP# _____									

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RRB-1500,
FORM OWCP-1500

Appendix 1: Specific Instructions for Accurately Completing Health Insurance Claim 1500 Form

Field	Instructions
Top of Claim Form	Print "EPSDT" on the top of the claim form if the patient has full scope, no share of cost Medi-Cal
Fields 1-3	For Field 1, check Medicaid. Complete the remainder patient information. For GHPP clients, leave 1a blank.
Field 4	Leave blank
Fields 5 & 6	Complete with patient information
Fields 7-16	Leave blank
Fields 17	List name of referring provider and use NPI # on 17b
Field 18	Leave blank
Field 19	Note what number claim form out of the series of claim forms for the same patient. Example: 1 of 5
Field 20	Leave blank
Field 21	Complete ICD-9 Code- list same code once only
Field 22	Leave blank
Field 23	Complete Service Authorization Request # from the "Approved" SAR (This is an 11 digit #). For GHPP claims, leave this field blank; GHPP will code it.
Field 24 A	Complete with order date: Use the same date for Dates of Service "from" and "to".
Field 24 B	Complete, Place of Service usually is 12
Field 24 C	Leave blank
Field 24 D	Use approved billing code
Field 24 E	Leave blank
Field 24 F	Complete with charge (Total Charge + % Markup) which must exactly match line by line the "Total Reimbursable Amount Claimed" on the "Approved" SAR Special Instructions.
Field 24 G	Complete the number of ordering units which must match the "is Total Units Claimed" field on the "Approved" SAR, Special Instructions section.
Field 24 H, I & J	Leave blank
Field 25	Complete
Field 26	Leave blank or pharmacy may use for internal tracking
Fields 27-31	Complete: check "No" in Field 27 and put "0" in Field 29
Field 31	Sign and Date
Field 32	Leave blank
Fields 33 & 33a	Complete

Field	Instructions
Attach “Approved” SAR	Attach all pages of the “Approved” SAR”.

Appendix 2: List of Low Protein Therapeutic Foods (LPTF) Vendors

The list below provides information on each LPTF vendor and will assist with the following:

Pharmacist-

- ☐ *Contacting the vendor to open an account and set up a billing mechanism (It maybe credit card or check.)*
- ☐ *Verifying shipping service and shipping costs associated with minimum orders*
- ☐ *Determining a mechanism for verifying family receipt of product. (Frozen foods usually ship on mid-weekdays in order to arrive in CA before the weekend.)*

SCC RD-

- ☐ *Selecting LPTF, determining shipping charges, web navigation and recipes for patient education*

Note: Vendors information may change. Please refer to the vendor’s website for more complete and most updated information.

1. Specialty Food Shop (Location- Toronto- EST)

Website: [Low Protein & Metabolic - Proceeds support patient care at SickKids \(specialtyfoodshop.ca\)](http://LowProtein&Metabolic-Proceeds.support.patient.care.at.SickKids.specialtyfoodshop.ca)

Account: Must open an account online

Ordering options: Online, phone

Shipping Service: Email to inquire shipping information.

Payment: Credit Card

Phone #: 1-800-7377976, 1-416-813-5294 (M-F 800 AM to 5 PM EST)

Email contact: sfs.admin@sickkids.ca

Product list online: Yes

Web Navigation: To find the list of products, click on the Specialized Nutritional Needs tab on the home page. Click the desired category of product and click the specific product to obtain necessary ordering information.

2. Cambrooke Foods (Location-Massachusetts- EST)

Website: www.cambrookefoods.com/

Account: Must open an account online

Ordering options: Online, fax, phone, by mail

Shipping Service: Shipping costs are tiered according to the dollar amount of product ordered. UPS is the carrier. More information can be found in the policies section under the "ORDER" tab.

Payment: Credit Card

Phone #: 1-866-456-9776 Ext. 2 (M-F 8:30 am – 5:30 pm EST)

Fax: 978-443-1318

Mail Orders to: 4 Copeland Dr, Ayer, MA 01432

Product list online: Yes

Recipes: Available online

Web Navigation: To easily access the list of products with price, product code information, etc., click on products on top of the home page.

3. Dietary Specialties (Location-Connecticut-EST)

Website: www.dietspec.com/

Account: Must open an account online

- All login credentials and order history prior to Jan 1, 2022, have been removed from the ordering system.

Ordering options: Online, fax, phone

Shipping Service: Email to inquire shipping information.

Payment: Credit Card

Phone #: 1-888-640-2800 (M-F 9 AM to 5 PM EST)

Fax: 203-759-5801

Product list online: Yes

Recipes: Available online

Features: Permanent cart and order history maintained

Email: contact@dietspec.com

Web Navigation: To find the list of products with the necessary ordering information, select “Low Protein Dry Groceries” or “Low Protein Frozen Foods”.

4. Med Diet (Location-Plymouth, MN-CST) Website: www.med-diet.com/index.htm

Account: Log in required.

Ordering options: Online, fax, phone

Shipping Service: Email to inquire shipping information.

Payment: Credit Cards

Phone #: 1-800-633-3438 (M-F 8:00 am – 4:30 pm)

Fax: 1-763-550-2022

Email: info@med-diet.com

Web Navigation: To find product and price, click diet drop down to pick “Low Protein” or “PKU” on left, select type of food and select specific food to get the necessary ordering information.

5. Nutricia North America/LoProfin Foods (formerly SHS, Location: Maryland- EST)

Website: www.myspecialdiet.com/

Account: Email to inquire account information.

Ordering options: Online, phone

Shipping Service: Free if ordering over \$30

Payment: debit / credit cards, Paypal, cryptocurrency such as Bitcoin & Litecoin.

Phone #: 1-800-365-7354 (M-F 8:30 AM – 7:00 PM EST)

No Fax

MSD_Support@nutricia.com.

Recipes: Available online

Web Navigation: From the home page, select “online shop” tab on the top. Choose product category such as PKU Products, Low Protein Foods to select available options.

6. PKU Perspectives (Located in Utah)

Website: [PKU Perspectives](#)

Account: Must register

Ordering options: Online, fax, phone

Shipping: FREE for orders totaling \$30 or more for dry products. A flat shipping fee of \$44.95 is charged on cold products.

Shipping Service: Multiple carriers used: USPS, FedEx, UPS

Payment: Credit Card, Paypal

Phone #: 1-866-758-3663 (M-Th 10 AM-5 PM MST)

Fax: 1-866-701-3788

Customer Service Email: sales@pkuperspectives.com

Insurance Department: insurance@pkuperspectives.com

Web Navigation: Click on “shop” on the upper left corner to select Low Protein Food for different category of food items. Select available food items within each category.

7. Taste Connections- (Location-California- PST)

Website: www.tasteconnections.com/

Account: Must register

Ordering options: Online, phone

Shipping Service: Email or call to inquire Shipping information

Payment: Email or call to inquire about a payment method.

Phone #: 1-310-413-6499 (M-F 7 AM – 7 PM PST)

Fax: 1-310-318-8407

Email: tasteconnect@verizon.net, www.tasteconnections.com

Recipes: Available online

Web Navigation: To find price and products, click “Products” on top. To find if product is available, inquire by calling or emailing.

RESOURCES

- **USDA Nutrient Data Base:** [USDA National Nutrient Database for Standard Reference, Legacy Release | Ag Data Commons](#)
- Medical Foods N.L.:05-0399
- Kuvan N.L.:10-1120 Authorization of Sapropterin Dihydrochloride (KUVAN™)-
Revised